



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
CMI INTOXILYZER 5000 MAINTENANCE REPORT

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; Retain original in department file.

INTOXILYZER 5000 SN <u>66005161</u>	DATE OF INSPECTION <u>1-11-13</u>
LIBERTY POLICE DEPT LOCATION OF INSTRUMENT (STREET AND CITY) <u>101 E. Kansas Liberty, Mo</u>	TIME OF INSPECTION <u>1415</u>

CHECKLIST
Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits: (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

- DVM TEST: (.350 ± .150) .350
- DIAGNOSTIC CHECK (PRINTOUT ATTACHED) Pass
- CHARACTER DISPLAY TEST Pass
- PRINT TEST (PRINTOUT ATTACHED) Pass
- TIME AND DATE Pass

CALIBRATION CHECK —
Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (USE GAL. CHECK MODE) (PRINTOUT ATTACHED)

- 0.100% STANDARD — MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
- 0.040% STANDARD — MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 <input checked="" type="checkbox"/> <u>.096</u>	TEST 2 <input checked="" type="checkbox"/> <u>.097</u>	TEST 3 <input checked="" type="checkbox"/> <u>.097</u>
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- SIMULATOR TEMPERATURE (34° ± .2°C) 34.0c
- PERFORM RFI TEST (PRINTOUT ATTACHED) Pass
- NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF SUBJECT BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS <u>3</u>	0-.04 <u>-</u>	.05-.09 <u>1</u>	.10-.14 <u>1</u>	.15-.19 <u>-</u>	Over .19 <u>-</u>
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List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

Operating within DHSS specifications

Guth Labs 0.10 Lot # 12100 Exp Date 7-16-14 Bottle # 183

INSPECTING OFFICER	
SIGNATURE <u>Robert D. Bostchen</u>	PRINT NAME <u>Robert D. Bostchen</u>
TYPE II PERMIT NUMBER/EXPIRATION DATE <u>220245 09-11-2014</u>	TELEPHONE NUMBER <u>816-439-4701</u>

**GUTH LABORATORIES, INC.**

890 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-664-6470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 12100 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 20, 2012, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1217% (w/vol) ethyl alcohol. The expiration date for this lot number is July 18, 2014 at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L +/- 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

THIS SIDE UP, THIS EDGE IN. FORM NUMBER 018010

SN 65-005161
E735.23
INVALID TEST
INHIBITED - RFI

01/11/2013
14:26

SUBJECT'S NAME

OPERATOR

INSTRUMENT LOCATION

James D. Bialla

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXLYZER® INSTRUMENT PRINTER CARD

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THIS SIDE UP - THIS EDGE IN. FORM NUMBER 015010

LIBERTY POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005161
01/11/2013

TEST	%BAC	TIME
AIR BLANK	.000	14:21
CAL. CHECK	.096	14:21
AIR BLANK	.000	14:22
CAL. CHECK	.097	14:22
AIR BLANK	.000	14:22
CAL. CHECK	.097	14:23
AIR BLANK	.000	14:23

NO RFI PRESENT

SUBJECT'S NAME

TALENT OBSERVED

INSTRUMENT LOCATION

Robert D. Braker

OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER® INSTRUMENT PRINTER CARD



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LIBERTY POLICE DEPARTMENT
INTOXILYZER - ALCOHOL ANALYZER
NO MODEL 5000 SN 66-005161
01/11/2013

DIAGNOSTIC TEST 14:17

PROM CHECK	E735.23	PASSED
RAM CHECK		PASSED
TEMP CHECK		PASSED
PROCESSOR CHECK		PASSED
SYNC PULSE		PASSED
SYNC SPEED		PASSED
NEG STABILITY		PASSED
POS STABILITY		PASSED
REF RANGE		PASSED

DIAGNOSTIC PASSED

PRINTER CHECK
ABCDEFGHIJKLMN OPQRSTUVWXYZ
0123456789

SUBJECT NAME

TYPE FIRST OBSERVED

INSTRUMENT LOCATION

Robert D. B. [Signature]
OPERATOR

ADDITIONAL INFORMATION AND/OR REMARKS

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THIS SIDE UP. THIS EDGE IN. FORM NUMBER 015010

SN 66-005161
E735.23

01/11/2013
14:15

ABCDEFGHIJKLMN0PQRSTUVWXYZ0123
ABCDEFGHIJKLMN0PQRSTUVWXYZ0123456789
ABCDEFGHIJKLMN0PQRSTUVWXYZ012345678910#%abcde
ABCDEFGHIJKLMN0
ABCDEFGHIJKLMN0PQR
ABCDEFGHIJKLMN0PQRSTUV
ABCDEFGHIJKLMN0PQRSTUVWXYZ012345678910#%abcde

SUBJECT'S NAME

TIME FIRST OBSERVED

INSTRUMENT LOCATION

Robert D. Bratton
DEVIATOR

ADDITIONAL INFORMATION AND/OR REMARKS

INTOXILYZER INSTRUMENT PRINTER CARD

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State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



ROBERT D BRATCHER

Is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/11/2012

Number 220245

Expires 09/11/2014

MO 880-0771 (7-89)

Director of State Public Health Laboratory

Director, Department of Health

Lab. 4 (R7-89)